

# MONTANA CHEMICAL DEPENDENCY CENTER POLICY AND PROCEDURE MANUAL

Policy Subject: Mental Health Assessment/Screenings	
Policy Number: CTP 16	Standards/Statutes: ARM 37.27.130
Effective Date: 01/01/02	Page 1 of 3

**PURPOSE:** To identify and address mental health needs of patients for individualized treatment planning purposes.

**POLICY:** All patients will be assessed/screened by a mental health professional to determine the appropriate course of treatment to address mental health needs. Mental health professionals will be involved in each patient's care from simple monitoring of status during weekly interdisciplinary meetings up to weekly one to one patient contact and referral to the MCDC consulting psychiatrist.

**PROCEDURE:**

1. Each patient is assessed/screened by a member of the Mental Health Services team. This is done through use of the Mental Health Screening Form-III or an assessment format. The format utilized will be determined by the therapist and may include the Mental Health Assessment form, the Brief Mental Health Assessment form, or utilization of the progress note. All assessments/screenings will be documented in a patient's progress notes. This note will flag pertinent information as well as designate which format was utilized.
2. Results of assessments/screenings will be reported in interdisciplinary team meetings and documented in a patient's Continued Stay report.
3. Assessments may include, but are not limited to the following information: background, chronological symptom history, medication history, suicide history, drug of choice, family history, vocational history, childhood history, educational history, medical history, neuropsychological history, additional history, goals, diagnostic impressions, and recommendations.
4. Should the results of the assessment/screening suggest the patient may benefit from medication management, the patient will be referred to the Medical Director and/or the consulting psychiatrist for further evaluation. Diagnostic clarification, separate from medication need, may also warrant

request for an assessment from a consulting psychiatrist.

5. At any point through the course of treatment with ongoing assessment, individualized mental health involvement may be modified to address specific needs identified by the patient or any member of the clinical staff.
6. If a patient requests specific needs through the medical request form procedure a copy of the request for services is given to the assigned team therapist for follow up.
7. In the event of a mental health crisis situation, the patient's team therapist is to be notified. If this therapist is not available, the Mental Health Clinical Supervisor or any mental health team member is to be notified. A management team member is to be notified if a mental health team member cannot be contacted. Mental Health Services, with interdisciplinary team consultation, will make the determination of what ongoing mental health involvement is needed in regards to the crisis identified.

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